

ATTACHMENT D.2

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION

**NOTICE OF INTENT
TO COMPLY WITH
RESOLUTION NO. R5-2003-0105
CONDITIONAL WAIVER OF
WASTE DISCHARGE REQUIREMENTS
FOR
DISCHARGES FROM IRRIGATED LANDS
FOR INDIVIDUAL DISCHARGERS**

1. INDIVIDUAL DISCHARGER INFORMATION

Discharger Name:				
Facility Name: ¹				
Physical Address:				
City/Locale:	County:	State:	Zip:	
Mailing Address:				
City/Locale:	County:	State:	Zip:	Telephone Number:
Assessor's Parcel #:		Closest Downstream Surface Water:		
Township/Range/Section: T ____ R ____ S ____ B&M				

¹ Facilities include lands where water is applied for the purpose of producing crops and includes commercial nurseries, nursery stock production, managed wetlands and rice production.

2. TYPE OF DISCHARGE

<input type="checkbox"/> Farm > 200 acres <input type="checkbox"/> Farm 200 acres <input type="checkbox"/> Organic Farm > 500 acres <input type="checkbox"/> Organic Farm 500 acres	<input type="checkbox"/> Nursery > 10 acres <input type="checkbox"/> Nursery 10 acres <input type="checkbox"/> Farm that discharge only stormwater <input type="checkbox"/> District which have operational spills <input type="checkbox"/> Other:
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- 2 -

3. REASON(S) FOR FILING

<input type="checkbox"/> New Discharge or Farm/Facility	<input type="checkbox"/> Changes in Ownership/Operator
<input type="checkbox"/> Existing Farm/Facility	<input type="checkbox"/> Expiration of Waiver Date of Waiver:
<input type="checkbox"/> Expansion	<input type="checkbox"/> Other:

4. FACILITY INFORMATION

Type of Irrigated Land	
<input type="checkbox"/> Row Crops	
<input type="checkbox"/> Orchard	
<input type="checkbox"/> Irrigated Pasture	
<input type="checkbox"/> Managed Wetland	
<input type="checkbox"/> Nursery	
<input type="checkbox"/> Other (please describe):	
Acreage of Irrigated Lands:	
Source Water Supply:	Estimated Water Usage:
	Average: _____ Maximum: _____
Other Information:	

5. ADDITIONAL INFORMATION

Please attach the following information to this NOI:

1. A site map, which shows the boundaries of the individual Discharger's farm/facility and identifies surface watercourses within 1,000 feet of the farm.
2. Use the space below, or attach additional sheets, to explain any response that needs clarification.

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- 3 -

6. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Revised: 7/24/03